

PART B - FEE(S) TRANSMITTAL

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26922 7590 01/03/2006

BASF CORPORATION
ANNE GERRY SABOURIN
26701 TELEGRAPH ROAD
SOUTHFIELD, MI 48034-2442

01/27/2006 HGBREH2 00000040 233425 10777698

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 0.00 DA



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Marjorie Ellis (Depositor's name)
 (Signature)
 1-27-06 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10777698	02/12/2004	Marvin L. Green	IN-5630	5722

TITLE OF INVENTION: POLYESTER RESIN COMPOSITION FOR USE IN A COATING COMPOSITION AND METHOD OF PREPARING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/03/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOYKIN, TERRESSA M	1711	528-272000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
BASF Corporation(B) RESIDENCE: (CITY and STATE OR COUNTRY)
26701 Telegraph Road
Southfield, MI
48034-2442 USAPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 03

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Anne G. Sabourin

Date

1-27-06

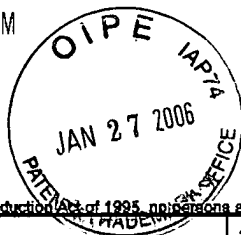
Typed or printed name

Anne Gerry Sabourin

Registration No. 33,772

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

03

Application Number 10/777,698

Filing Date 2/12/2004

First Named Inventor Marvin L. Green et al.

Art Unit 1711

Examiner Name Boykin, Terresa M

Attorney Docket Number IN-5830

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Part B - Fee(s) Transmittal for Issue Fee.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any fees, which may be required or credit any overpayment to Deposit Account Number 23-3425.	
	I have enclosed a duplicate copy of this sheet.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BASF Corporation		
Signature	<i>Anne G. Sabourin</i>		
Printed name	Anne Gery Sabourin		
Date	1/27/06	Reg. No.	33,772

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Marjorie Ellis</i>		
Typed or printed name	Marjorie Ellis	Date	1/27/06

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